

FILED MAY 23 1955

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 15870

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		0529	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital &amp; Clinic</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>ORVAL</u>		c. (Last) <u>PARTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Mar 29, 1909</u>		9. AGE (In years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Washington Parton</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie H. Beaver</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>357106852</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Lloy L Parton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute circulatory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ant. &amp; Post. Myocardial Infarction</u> DUE TO (c) <u>Coronary Occlusion Thrombosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>acute 5-16-55</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>none</u>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>5-16-55</u> , 19 <u>55</u> , to <u>5-17-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-16-55</u> , 19 <u>55</u> , and that death occurred at <u>5-17-55</u> , 19 <u>55</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William J. Frutes</u>				23b. ADDRESS <u>20 #915 Gibson Hosp. Edina, Mo</u>		23c. DATE SIGNED <u>5-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Catholic Cemetery Edina, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 20-55</u>		REGISTRAR'S SIGNATURE <u>Helle L. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Rimer</u>		ADDRESS <u>Edina, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 21 1935

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thos J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.